



Doctor: _____

Owner Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Pet Name: _____ Age: _____ Weight: _____ Sex: Male / Female

Species: _____ Breed: _____ Color: _____

Primary Vet Clinic: _____ How did you hear about us? _____

Aftercare arrangement options (Check one):

- None, I will arrange Aftercare** *** Individual Cremation (Ashes Back)** **Communal (Ashes spread at Sea)**

**Pick up location: 2750 Auto Park Way, Ste. 17, Escondido, CA 92029*

Euthanasia/Aftercare Consent: I certify I am the legal owner or authorized agent for the owner of the pet described above and give Paws into Grace and any authorized agents, staff or representatives full and complete authority to euthanize and/or provide aftercare for my pet. I forever release and hold harmless Paws into Grace and any authorized agents, staff or representatives from any and all liability for euthanasia and aftercare. If I do not choose aftercare with Paws into Grace, I will handle and take full responsibility for all the aftercare arrangements myself. I am aware of laws and regulations regarding the burial of my pet and understand caution should be taken when handling a pet euthanized with drugs/chemicals. To the best of my knowledge my pet has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past 10 days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test may be performed. I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. **Cancellation Policy:** Paws into Grace must be notified no later than 6 hours before your appointment to avoid a cancellation/rescheduling fee of \$100. If you cancel/reschedule within 2 hours of your appointment, there may be a charge up to the full appointment price.

To the best of my knowledge the information I have provided is accurate and complete. Fees for these services have been explained to me and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand this form.

X _____ Date: _____

Signature of Owner

Below for staff use only

Telazol _____mg _____ml
 Torbutrol _____mg _____ml
 Acepromazine _____mg _____ml
 Euthasol _____mg _____ml
 _____(Other) _____mg _____ml

Notes: _____

House Call Fee	EUTH	HOS	QOLE	DPP	\$
Cremation	IND	COM	None		\$
Ashes returned in (circle one) Biodegradable Urn: Natural or Floral Cedar Urn or Bamboo Urn Engraving : _____ _____(15 characters per line, 2 lines max)					
Hand Delivery of Ashes	OC	\$75			\$
Shipping	PP \$20 / Ashes & PP \$50 in CA				\$
Add Ons	Clay PP\$35	Ink PP/NP \$15	Fur \$10		\$
Total					\$
Check#	Cash	CC	Balance		\$

Tag # _____ Paw Print: Y / N Fur: Y / N
 Grief Support Followup: Y / N